

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mr Robert James Dold, Jr			2. Identification Number H0IL10302	
(b) Address (number and street) 500 Park Dr			<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code Kenilworth IL 60043-1005			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate IL 10		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Dold for Congress		
(b) Address (number and street) PO Box 8145		
(c) City, State and ZIP Code Northfield VA 60093-8145		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Illinois Majority Fund		
(b) Address (number and street) PO Box 365		
(c) City, State and ZIP Code McLean VA 22101		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate Mr Robert James Dold, Jr	Date 05/25/2011
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

America's New Majority

(b) Address (number and street)

228 S Washington St
Suite 115

(c) City, State and ZIP Code

Alexandria

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Illinois House Republican Freshmen

(b) Address (number and street)

PO Box 2719

(c) City, State and ZIP Code

Washington

20013

2719
